



VIA Electronic Comment Filing System

Marlene H. Dortch, Secretary Office of the Secretary **Federal Communications Commission** 445 12th Street SW Washington, DC 20554

Re:

WC Docket No. 16-233

2019 Common Carrier Annual Employment Report

Silver Star Telephone Company, Inc.

CONFIDENTIAL - PURSUANT TO 47 CFR § 0.459(a)

Dear Ms. Dortch:

Submitted herewith are copies of the redacted version and confidential portions of the 2019 Common Carrier Annual Employment Report — FCC Form 395 for Silver Star Telephone Company, Inc. Confidential treatment is requested pursuant to 47 CFR § 0.459(a), under Section 709, Title VII of the Civil Rights Act of 1964, as amended.

The redacted version of the report is filed via the FCC's ECFS, as noted above.

Please direct any questions about this filing to me at the phone number below or by email to: mamotzkus@silverstar.net.

Sincerely, Muchell Mustus

Michelle Motzkus

Legal & Regulatory Administrator

307-883-6690

Enclosures

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

Confidential Information

Pursuant to 47 CFR Sec. 0.459(a)

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	tion																
1. Name and Mailing Address of Respondent																	
Silver Star Telephone Company, Inc. 104101 US Highway 89 Freedom, WY 83120													Check here if this is a change of address.				
2. Year Report Filed	ar Report Filed 3. Reporting Period (Ending Date of Pay 4. Number of Full-Time Employees during Selected																
2019				vered by Rep				Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only)									
	h 31, 20	19			b. 🔽 16												
SECTION II - Full-Time Employe Job Categories	yees.	Number of Employees (Report employees in only one category)															
		Race/Ethnicity															
		Hispa		Not-Hispanic or Latino													
		Lat	ino	Male								Fen		Columns A - N			
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	Е	F	G	Н	I	J	к	L	М	N	0	
First/Mid-Level Officials and Managers Professionals Technicians Sales Workers	1.1																
Administrative Support Workers	5																
Craft Workers	6																
Operatives	7																
Laborers and Helpers	8																
Service Workers	9																
TOTAL	10																
PREVIOUS YEAR TOTAL	11				1						1						

SECTION III - Part-Time Empl	oyees.														
		Number of Employees (Report employees in only one category)													
Job		Race/Ethnicity													
Categories		Hispanic or Latino		Not-Hispanic or Latino											
	Le			Male Female										Total Columns A - N	
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	A	В	С	D	E	F	G	Н	1	J	к	L	М	N	0
Executive/Senior Level Officials and Managers	1.1														
First/Mid-Level Officials and Managers	1.2														
Professionals	2														
Technicians	3														
Sales Workers	4														
Administrative Support Workers	5														
Craft Workers	6														
Operatives	7														
Laborers and Helpers	8														
Service Workers	9														
TOTAL	10														
PREVIOUS YEAR TOTAL	11														
SECTION IV - Report of Discr	imination Comp	laints Pursua	ant to 47 CFR	22.321, 23.5	55, 90.168, 10	1.4, and 101.	311.								
X This is to advise the company before a									ritorial, or loca	al statutes hav	ve been filed a	against this			
This is to advise the (Attach a list indicate)															
SECTION V - Certification	g P								3						
I certify that to the best of my k	nowledge, inform	ation, and bel	ief, all stateme	ents in this re	port are true a	and correct.									
Date	Typed or Printed		on Signing			Signature	1					Telephone N		340	
5/20/19	Barbara S	essions				18	The state of the s	sed					383-6672	100	
Title of Person Signing				WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											
Chief Operating Officer				OF ANT ST	A HON LICEN	OL ON COM	STRUCTION	LIXWII (47 C	J.J.C. 312 (A	KI) KIND/OK	CRILITOR	L (47 U.S.C.)	,00j.		